

EXHIBIT 4

Explanation of the Amounts Generally Billed to Patients

AS OF 04/01/2024

Those receiving assistance under the Memorial Health Financial Assistance Policy (FAP) will not be charged more than the amounts generally billed (AGB) to individuals who have insurance coverage. The amount an FAP eligible patient is charged is the amount he or she is personally responsible for paying after all discounts (including discounts available under the FAP) and any insurance payments have been applied. Memorial Health determines AGB by multiplying the patient's gross charges for their emergency or medically necessary healthcare services by the AGB percentage.

The AGB percentage is calculated annually by dividing the sum of the allowed amounts for all the hospital's claims from private health insurers and Medicare during a prior 12-month period by the sum of the associated gross charges for those claims. For these purposes, the allowed amount includes both the amount to be reimbursed by the insurer and the amount (if any) the individual is personally responsible for paying in the form of co-payments, coinsurance or deductibles.

The table below includes the AGB effective 4/1/2024 based on calendar year 2023 claims data. For further information regarding the amounts generally billed, please call 217-788-4774.

Hospital	Amounts Generally Billed Percentage
Decatur Memorial Hospital	25.4%
Jacksonville Memorial Hospital	30.3%
Lincoln Memorial Hospital	38.4%
Springfield Memorial Hospital	25.3%
Taylorville Memorial Hospital	40.5%